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CONFIRMATION NO. 3974

<b>SERIAL NUMBER</b> 10/725,488	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> T1530-00020
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/179,373 06/26/2002 which is a CIP of 10/035,045 01/03/2002 PAT 7,241,880  
 and is a CIP of 09/897,427 07/03/2001 PAT 6,955,887  
 and is a CIP of 09/799,629 03/07/2001  
 and claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001  
 and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,143 04/22/2002

*ML 6.20.07*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none ML 6.20.07*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ML</i>				

**ADDRESS**

21967

**TITLE**

Functional assays for identifying compounds that modulate T1R1/T1R3 (umami) taste

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )